

INDIRECT COST SUBMISSION CHECKLIST

Company Name _____
Fiscal Year(s) _____

Please check the Yes, No or N/A columns below to answer the questions or, where applicable, to indicate that the requested supporting documentation has been included in your submission. Explain responses in further detail by attaching as many pages as necessary. Please list related attachments under the Comments/Attachment column and reference each attached sheet to the related checklist number.

		Yes	No	N/A	Comments/Attachment
1	Provide copies of Financial Statements (audited statements preferred) for your most recently completed fiscal year. Please reconcile and cross-reference amounts shown on your indirect cost proposal(s) to those on the income statement(s) if applicable.				
2.	Provide a copy of the Company's Personnel Manual.				
3.	Pension and /or Profit Sharing (a) Are Pension and/or Profit Sharing costs included in the proposal?				
	(b) If so, have contributions been made to the Pension and/or Profit Sharing plans?				
	(c) Please include a schedule indicating when contributions were made (amounts and dates).				
	(d) Provide a copy or synopsis of the plan.				
4.	Paid Absences (vacation, holiday and sick leave) (a) Provide an explanation of how the company accounts for paid absences.				
	(b) Are they charged to the fringe benefit pool (indirect cost pool if not a separate fringe rate)?				
	(c) Or are they charged as part of direct salaries and wages?				
	(d) Provide a copy of the Company's leave policy.				
5.	Bonuses (a) Have the costs of bonuses been included in the indirect cost proposal?				
	(b) If yes, are bonuses paid pursuant to a formal agreement?				
	(c) Provide a copy of the agreement.				
	(d) Provide a schedule of bonuses, which includes name, title, annual salary and bonus amount for each employee receiving a bonus.				
6.	Leases With Related Parties (a) Does the Company lease from a related party (e.g., owner, stockholder or an affiliate)?				
	(b) If yes, explain the relationship and provide cost of ownership as detailed in FAR 31.205-36(b)(3).				
7.	Off-Site Locations (a) Are contracts/grants performed at customer owned off-site locations?				
	(b) If yes, are separate off-site indirect expense pools applicable to the off-site location maintained?				

8.	Professional Fees (a) Have professional fees (e.g., legal and accounting), consultants and/or Outside Services been included in the indirect cost pool?				
	(b) If yes, provide a detailed schedule of these costs with the following information: 1) Firm or individual providing the service, 2) Cost of the service, and 3) Description of the service.				
9.	Independent Research (self-sponsored) Research & Development (IR&D) (a) Does the Company have IR&D Costs?				
	(b) If yes, have IR&D costs been treated in accordance with DHHS policy (i.e., excluded from the indirect cost pool and included in the base)?				
	(c) Identify the costs for the individual elements of IR&D (e.g., labor, materials, and other direct costs).				
10.	Does the Company perform research on human embryonic stem cells?				
11.	Please complete the attached Accounting System/Internal Control Questionnaire.				
12.	Does the Company show miscellaneous income as a reduction to expenses (e.g., rental income)? If so, please elaborate.				
13.	Provide a listing of the categories of cost you normally classify and claim as direct on contracts, grants and other projects.				
14.	Provide a listing of all HHS awards (grants and contracts) including the award number, amount, period and HHS grants management or contract specialist.				
15.	Provide a completed Executive Compensation Schedule (see attached form).				
16.	If your IDC Submission covers final (actual) indirect cost rates, provide a completed Certificate of Final Indirect Costs (see attached). Be sure to complete paragraph #1 of the certificate—the blanks relate to your IDC submission not grant applications or contract proposals. Please note that the certifying official must be at a level no lower than a vice president or chief financial officer of the business segment that is submitting the proposal.				
17.	Please read the attached “ Audit Requirements of For-Profit Organizations ” and indicate the date read in the Comments/Attachment column.				

Official Signature: _____

Name: _____

Title: _____

Date: _____